

L04000003178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

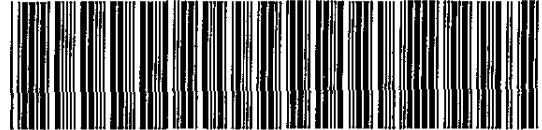
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500025877025

01/12/04--01003--013 **180.00

04 JAN -9 12:11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L04-3178
QR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Info Systems Solutions, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elkuin Mauricio Angee
(Name of Person)

G. Dennis Rose, Esq.
(Firm/Company)

1450 Madruga Ave Ste 207
(Address)

Coral Gables, FI 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhesa Montes at (305) 668-8300
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -9 AM 11:49

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Info Systems Solutions, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Elkuin Mauricio Angee

Mailing Address:

2501 Brickell Ave # 1102 Miami, FL 33129

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

G. Dennis Rose

Name

1450 Madruga Ave Ste 207

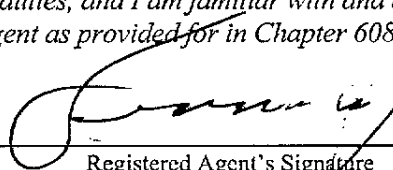
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

FLORIDA 33146

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

04 JAN - 9 AM 11:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Elkuin Mauricio Angee

2501 Brickell Ave #1102 Miami, FL 33129

(Use attachment if necessary)

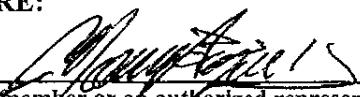
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -9 AM 11:50

FILED

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Elkuin Mauricio Angee

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)